

DCH WIC
Bench Audit of Certification Process

Staff Observer: _____
 Date: _____

<p>Check (✓) if observed and correct procedure is used</p> <p>Reception Area: Staff Observed: _____ Time: _____</p> <p>_____ Greet client</p> <p>_____ Invite client to sign in</p> <p>_____ Clip board preparation completed/explained to standard</p> <p>_____ Correct forms provided</p> <p>_____ Problems referred to supervisor</p> <p>_____ Confidentiality maintained</p> <p>_____ Chart found if client is in DCH WIC</p> <p>Comments: _____</p>	<p>Weight Check: Adult and older child</p> <p>_____ Balance checked before weighing</p> <p>_____ Shoes and heavy clothes removed</p> <p>_____ Weight taken correctly/record accurately</p> <p>_____ Weight plotted accurately/correct graph used</p> <p>_____ Weight double checked if large variance</p> <p>_____ Scale put back to zero</p> <p>_____ Client privacy maintained</p> <p>_____ Risk documented, if noted</p> <p>_____ Area kept clean. disinfected as necessary</p> <p>Comments: _____</p>
<p>Income Area Staff Observed: _____ Time: _____</p> <p>_____ Greet client/introduce self</p> <p>_____ Paperwork reviewed explained</p> <p>_____ Correct documents used to verify identity</p> <p>_____ Correct documents used to verify residence</p> <p>_____ Correct documents used to calculate income</p> <p>_____ Correct calculations of income completed</p> <p>_____ Motor Voter completed to standard</p> <p>_____ BF cards completed (women)</p> <p>_____ Mid point paper in all infants' charts - 0-6 mos.</p> <p>_____ Referral information given to client - (SA)</p> <p>_____ client given time to read SIF and WIC 35</p> <p>_____ If over income, referred to supervisor</p> <p>_____ All paperwork, signatures, dates checked</p> <p>_____ Social service referral completed</p> <p>_____ Privacy maintained/next step explained</p> <p>Comments: _____</p>	<p>*Length (0-3) Lying down</p> <p>_____ Shoes removed/2 people checked length</p> <p>_____ Paper put on board</p> <p>_____ Head touching top of board (no barrettes)</p> <p>_____ Legs placed together/feet flexed up</p> <p>_____ Accurate measurement recorded</p> <p>_____ Correct graph used/measure plotted correctly</p> <p>_____ Risk documented, if noted</p> <p>_____ Area kept clean, disinfected as needed</p> <p>_____ Client privacy maintained</p> <p>* Height (older child and adult - standing up)</p> <p>_____ Shoes removed</p> <p>_____ Feet placed slightly apart</p> <p>_____ Back and heels touch wall</p> <p>_____ Height taken accurately (no barrettes, etc.)</p> <p>_____ Measurement recorded accurately</p> <p>_____ Measurement plotted accurately/correct graph used</p> <p>_____ Risk documented, if noted</p> <p>_____ Client privacy maintained</p> <p>Comments: _____</p>
<p>Clinical Area: Staff observed: _____ Time: _____</p> <p>_____ Greet client/introduce self</p> <p>_____ Process explained</p> <p>Weight Check *0-3</p> <p>_____ Paper put on scale</p> <p>_____ Balance checked before weighing</p> <p>_____ Shoes and heavy clothing removed</p> <p>_____ Wet diaper changed and disposed of correctly</p> <p>_____ Weight graphed correctly/correct graph used</p> <p>_____ If large variance, client reweighed</p> <p>_____ Scale put back to zero</p> <p>_____ Client privacy maintained</p> <p>_____ Risk documented, if noted</p> <p>_____ Area kept clean, disinfected as necessary</p> <p>Comments: _____</p>	<p>Medical History</p> <p>_____ Correct form used</p> <p>_____ History completed to standard</p> <p>_____ Immunization card checked</p> <p>_____ Needed referrals completed</p> <p>_____ Client privacy maintained</p> <p>_____ Risk documented, if noted</p> <p>Comments: _____</p> <p>Blood Test: Staff observed: _____ Time: _____</p> <p>_____ Blood controls for day checked, to standard</p> <p>_____ Greet client introduce self (if new person)</p> <p>_____ Staff washed hands before gloves put on</p> <p>_____ Staff used gloves, lab coats</p> <p>_____ Finger wiped with alcohol swab</p> <p>_____ Finger allowed to air dry</p> <p>_____ Hand pointed down, relaxed</p> <p>_____ Lancet used correctly/disposed of correctly</p>

Blood Test (continued)			Bench Audit of Other WIC Processes		
	Blood controls for day checked, to standard		Phone Contact:	Staff Observed:	Time:
	First drop of blood wiped off			Transfer request complete, if requested	
	Sample taken without squeezing finger			Messages taken, to standard (name, date, time of message)	
	Sample put in Hematostat/Hemacue correctly			Phone answered, to standard ("DCH WIC, name, May I help you?")	
	Client given gauze/bandaids, if needed			Information given is correct	
	Area kept to OSHA standard			Quick Intake completed in computer for all new clients	
	Standard precautions followed			Area kept neat and orderly	
	Second test taken if under 30/10, (if client agrees)			Confidentiality maintained	
	Next step of process explained		Comments:		
	Risk documented, if noted				
	Client referred if blood sample is under 30/10				
	Client privacy maintained				
Comments:			Computer Area: Staff observed: Time:		
			Quick intake checked		
			Complete information entered		
			Confidentiality maintained		
(Observer must be a CPA to observe this area)			Vouchering Staff observed: Time		
CPA Area	Staff Observed:	Time:		FID card used	
	Greet clients/introduce self			Cards explained to client	
	Process explained to client			Client's questions answered	
	Diet recall completed:			Vendor list given	
	Open ended questions asked			Issue frequency is correct	
	Client responses acknowledged			Counseling and risk codes are entered correctly	
	Client allowed time to respond			Type of appointment given is correct (cert/CL)	
	Food models used correctly			Category of appointment given is correct	
	Clarifying questions asked			Appointment is put in the computer and book	
	Typical day's intake recorded			Next appointment explained to client	
	Combination foods described by major ingredients			"Green" sheet given if cert due	
	Diet scored			"Green" sheet clearly explained	
	Correct serving size recorded			If new client, video reviewed	
	Diet scored correctly			Confidentiality maintained	
	Differences scored up to 3, at minimum		Comments:		
	Risk codes assessed for all areas and completed/revised as necessary				
	Client growth, iron levels, and diet clearly explained to client				
	Risk codes noted explained to client (why or why not in WIC)				
	All paperwork reviewed with client				
	Client asked if they have questions				
	Counseling completed to standard				
	Effectiveness of counseling evaluated				
	Counseling codes assigned				
	Food package assigned				
	Appointment given if non-standard (frequency and type)				
	If client qualified, CDE, SIF and diet forms signed				
	Area kept neat and orderly				
Comments:			Class: Staff observed: Time:		
			Class started on time – staff stayed in room		
			Staff followed planned lesson		
			Evaluation component included		
			Immunization status checked		
			Interaction with clients good		
			Area neat and orderly		
			Policy on late-comers followed		
			Self-paced lessons policy and procedure followed		
			Comments		

